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Requestor's Name Address			
			700002923997 -07/06/9901129015 *****35.00 ******35.0
City/State/Z	ip Phone #		
•		Office	Use Only
CORPORATION N	IAME(S) & DOCUMEN	NT NUMBER(S), (if known):
1(Corpo	ration Name)	(Document #)	- 59
2			
(Corpo	ration Name)	(Document #)	Sign of F
3(Corpo	ration Name)	(Document #)	
4		,	I OR
(Corpo	ration Name)	(Document #)	DE S
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☐ Walk in ☐	Pick up time	Certified Co	•
Mail out	Will wait Phot	cocopy	f Status
NEW FILINGS	AMENDMENTS.		· ·
Profit	Amendment	·	
NonProfit -	Resignation of R.A., Off	icer/Director	
Limited Liability	Change of Registered A	gent	
Domestication	Dissolution/Withdrawal		
Other	Merger		
OTHER FILINGS	REGISTRATIO	N 7-13-99	
Annual Report	QUALIFICATION	ON 7-13	
Fictitious Name	Foreign	, b42	
Name Reservation	Limited Partnership		·
Trans Accel varion	Reinstatement		·
	Trademark		
	Other		

Examiner's Initials



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

OFFICER / DIRECTOR RESIGNATION

I, Julie C. Mireo, hereby resign as Vice	= - Pre itle)	ESIDEN	7
of TIMBIRICHE INC. (Name of Corporation)		,	
a corporation organized under the laws of the State of FLORIDA	<u> </u>	<u></u>	•
and affirm that the corporation has been notified in writing of the resignation.			
med -	9		
(Signature of resigning officer/director)	LAHASSE LAHASSE	entrances Francisco	-
	PM 1: 06 E. FLORIDA		

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314